

Application For A New Life Agent Licence or Accident & Sickness Only Agent Licence

| | |
|--------------------------|-------|
| For regulator's use only | |
| Approved | _____ |
| Licence No. | _____ |
| Date Issued | _____ |
| Date Expires | _____ |

| | | | |
|--|----------|--|---|
| 1. Personal Identification / Qualification Information (PLEASE PRINT) | | | |
| Last name (Legal name) | | | |
| 2. First name (Legal name) | | Middle name(s) (in full) | Preferred name if different |
| 3. Have you ever been known by another name, legal or otherwise ? | | | |
| <input type="checkbox"/> No | | <input type="checkbox"/> Yes If yes, please write name here | |
| 4. Birth Date | | Sex | |
| Y Y Y Y | M M | D D | <input type="checkbox"/> M <input type="checkbox"/> F |
| 5. Residential Address | | | Home Telephone |
| Street Name and Number, Suite, etc. | | | () |
| | | | Home Fax (if applicable) |
| | | | () |
| City/Town | Province | Postal Code | e-mail (if applicable) |
| 6. Business Name & Address (if different from above) | | | Business Telephone and extension |
| Street Name and Number, Suite, etc. | | | () |
| | | | Business Fax (if applicable) |
| | | | () |
| City/Town | Province | Postal Code | Business e-mail (if applicable) |
| 7. Address for correspondence : Residential <input type="checkbox"/> Business <input type="checkbox"/> | | | |
| 8. Consent to the Collection, Use and Disclosure of Information | | | |
| <p>I hereby consent to the collection, by the licensing authority, of such personal information and such additional information about me, as may be necessary in order to complete or verify the information contained on the application form and to determine if I am qualified to have a licence as an insurance agent or broker.</p> <p>The legal authority for the collection of this information is provided by the legislation and regulations governing the licensing and regulation of insurance agents and brokers by the applicable licensing authority in the jurisdiction in which I am applying for a licence.</p> <p>I further authorize and consent to the licensing authority conducting a licensing check and the obtaining from any licensing authority the details of licensing status and details of any disciplinary proceedings against me for breaches under any licensing legislation, rules or by-laws as well as any investigations that are outstanding against me under such legislation, rules or by-laws.</p> <p>I further and specifically authorize and consent to the licensing authority conducting a criminal record check, and the obtaining from any law enforcement agency the details of any convictions or findings of guilt against me for any offences under federal or provincial legislation as well as any charges that were or are outstanding against me under such legislation.</p> <p>I further authorize any law enforcement agency to release to the licensing authority such details of convictions and outstanding charges as aforesaid and this form shall be their good and sufficient warrant, discharge and authority for doing so.</p> <p>I further consent to the licensing authority obtaining any information about me from any credit bureau or from any other credit information source, as permitted by law in any jurisdiction in Canada or elsewhere.</p> <p>And I furthermore authorize the licensing authority to disclose any of this information to a sponsoring company, other licensing authorities and regulators or law enforcement agencies.</p> | | | |
| Signature of Applicant | | | Date |
| | | | Y Y Y Y M M D D |

9. Licence Requested and Qualifications

**I am applying for the following licence:
Applicants must check one box only**

- NEW:** 1. Life Insurance Agent Licence
 2. Life Insurance and Accident & Sickness Licence
 3. Accident and Sickness Only Agent Licence

10. Do you hold any of the licences listed above in your home jurisdiction?

No Yes If yes, please state licence number(s) _____

Note: Please provide Certificate of Authority if required to do so by the jurisdiction to which you are applying. (See Appendix A for details)

11. Qualifications of candidates applying for a new licence: I have successfully passed the following examinations which qualify me for the licence requested:(See Appendix A for jurisdiction-specific requirements).

- Full Agent Licensing LLQP Exam LLQP Transitional Restricted Exam (Part A) LLQP Accident and Sickness only
 CLU

12. Employment History For The Past Five Years (Include months, years and periods of unemployment)

| Employer's Name | Date | | Position Held | Reason for Leaving |
|-----------------|--------------|------------|---------------|--------------------|
| | From (yy/mm) | To (yy/mm) | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Disciplinary Action, Bankruptcy, Judgements and Civil Proceedings

13. Have you **ever** had a licence or registration to deal with the public refused, revoked, suspended or cancelled or subject to any restrictions or conditions? No Yes If yes, please attach details

14. Do you have any other occupation or employment other than as an insurance agent?

No Yes If yes, please attach details

15. Have you **ever** been successfully sued or has a complaint **ever** been made against you to a regulatory body in any province, territory, state, or country that was or is, based in whole or in part, on fraud, theft, deceit, misrepresentation, forgery, or similar conduct; or based in whole or in part, on professional negligence or misconduct (including claims paid by your errors and omissions insurance carrier or bonding company)?

No Yes If yes, please attach details

16. Have you **ever** been subject to discipline or are you currently the subject of an investigation by a regulatory authority in this jurisdiction or elsewhere?

No Yes If yes, please attach details

17. Have you **ever** been declared bankrupt or made a voluntary assignment in bankruptcy or are you currently an undischarged bankrupt?

No Yes

If yes attach details, including trustee's name and address, location of bankruptcy filing, assignment of bankruptcy or receiving order, statement of affairs, and an explanation as to the circumstances of the bankruptcy.

18. Have you **ever** been an officer or director or a controlling shareholder in a corporation or partnership that made a voluntary assignment in bankruptcy or is currently an undischarged bankrupt?

No Yes If yes, please attach details as in question 17

19. Are you currently a defendant in any civil proceeding or are there any unsatisfied judgements imposed by a civil court, in Canada or elsewhere, against you personally or against a business in which you have an interest of at least ten percent?

No Yes If yes, please attach details

20. Have you **ever** applied for a surety bond, fidelity bond or errors and omissions insurance and been refused or have you ever had a surety bond or fidelity bond revoked or errors and omissions insurance cancelled?

No Yes If yes, please attach details

21. Have you **ever** been convicted or charged, or are you currently charged with any offence under any law of any province, territory, state or country, or are you currently the subject of any charges?

No Yes If yes, please attach details

22. Has any partnership or company of which you are or were at the time of such an event a partner, officer, director or shareholder, **ever** pleaded guilty or been found guilty, or is any such partnership or company currently the subject of a charge or indictment, under any law of any province, state or country for contraventions, offences or other conduct relating to the business of insurance, selling of policies or any other activity related to insurance?

No Yes If yes, please attach details

23. Have you **ever** had an employment or business relationship or association with a volunteer organization terminated for breach of confidentiality, breach of trust, fraud, misappropriation of funds, theft, forgery, sexual harassment, or physical assault?

No Yes If yes, please attach details

24. **Errors and Omissions Insurance** (See Appendix A for jurisdiction-specific requirements)

I shall maintain Errors and Omissions insurance if required in the jurisdiction to which I am applying.

If Group Policy provide name of group: _____

Name of E & O insurer: _____

E & O Policy and / or certificate number : _____ Expiry Date: _____

25. Declaration/Attestation

- I agree that by signing this application I accept responsibility for these answers and undertakings.
- I understand and will comply with the laws governing the licence I am applying for in the jurisdiction in which I am applying.
- I agree to maintain E&O coverage as required by this jurisdiction during the term of this licence.

Signature of Applicant

Date

Y Y Y Y

M M

D D

Sponsor's Attestation: Notice of Appointment of Agent by Sponsoring Insurance Company

26.

Note: If you are applying for a Life Insurance Agent Licence Sponsor - Required or for an Accident and Sickness Licence Sponsor - Required, your sponsoring insurance company must complete this section of the application form. (See Appendix A for jurisdiction-specific information)

Please Print
Applicant's Name

Please Print.
Supervisor's Name (if Required)

Supervisor's Licence #
(For Life Insurance Agents-Sponsor Supervisor Required)

Supervisor's Signature

is hereby sponsored and authorized in writing to act as an agent of
Name of Insurer:

The sponsoring company has investigated the record of the applicant, and confirms the following:

- That the life agent or accident and sickness agent is a person of good character and reputation;
- That the life agent or accident and sickness agent possesses an educational background that is appropriate to the responsibilities of an agent of the sponsoring company;
- That the life agent or accident and sickness agent meets all licensing requirements and is a suitable person to receive a licence as a life insurance agent or accident and sickness agent as appropriate; and
- If the applicant resides in a jurisdiction other than the one to which they are applying, the sponsoring insurance company has seen the original Certificate of Authority, and will forward a copy to the licensing authority;
- The sponsoring insurer has established and maintains a system to ensure that each agent complies with the legal requirements in the jurisdiction where he/she is licenced.

THE ABOVE APPLICANT WILL NOT ACT AS AN AGENT UNTIL A LICENCE IS ISSUED.

If the sponsoring company or partnership terminates the sponsorship of this agent, it must provide written notice to the licencing authorities, including the reasons for the termination, in accordance with the time frame laid out in the Act, Regulations or By-Laws of the jurisdiction where the agent is licenced. (See Appendix A for jurisdiction-specific requirements).

The sponsor confirms that they have reviewed the completed application form.

Sponsoring Company and Address (complete each box)

| | | | | | |
|---|----------------|--|---------|-----|-----|
| Authorized Officer Print Name | Signature | Title | | | |
| Phone Number () | E-mail Address | Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; text-align: center;">Y Y Y Y</td> <td style="width: 33%; border-right: 1px solid black; text-align: center;">M M</td> <td style="width: 33%; text-align: center;">D D</td> </tr> </table> | Y Y Y Y | M M | D D |
| Y Y Y Y | M M | D D | | | |

Jurisdiction-Specific BRITISH COLUMBIA

1. AUTHORIZATION AND IF APPLICABLE, AGENCY, FIRM, OR SOLE-PROPRIETORSHIP YOU WILL REPRESENT

(a) Full legal name: _____

(i) Address: _____
NUMBER STREET PROVINCE/STATE POSTAL/ZIP CODE

(ii) Business telephone number: (____) ____ - ____ (iii) Fax Number: (____) ____ - ____

(b) If applying for an agent's licence, do you have the authority to represent at least one insurance company authorized to do business in British Columbia upon issuance of a licence?

YES NO

(i) You are currently provided this authority by:

The Agency noted in Question 1 (a) OR Directly with an insurer

(ii) Evidence of representation is attached. YES AS PREVIOUSLY FILED WITH COUNCIL

(c) Do you have authority to represent more than one insurance company?
If YES, attach list of insurer names.

YES NO

2. CERTIFICATE OF APPROVAL BY INTENDED AGENCY OR FIRM

We have reviewed the details contained in this application (including all exhibits) and confirm we support this application.

We understand we are required to notify the Insurance Council of British Columbia, in writing within five (5) business days, if this applicant's authority to represent our agency or firm ceases and advise you where there are issues related to the applicant's suitability or conduct as a licensee.

| DATE | NAME OF AGENCY OR FIRM | SIGNATURE | PRINT NAME AND TITLE |
|------|------------------------|-----------|----------------------|
|------|------------------------|-----------|----------------------|

3. ADDRESS FOR SERVICE

If the residential and /or business address on the application is a post office box that is not suitable to permit service in British Columbia by registered mail, please provide an address that is suitable for service by registered mail.

Address

Number and Street, Suite., etc.

City/Town

Province

Postal Code

BRITISH COLUMBIA

**Jurisdiction-Specific
NEW BRUNSWICK**

Name of the Agency/Corporation _____

Address of the Agency/Corporation _____

**Jurisdiction-Specific
NOVA SCOTIA**

1. Name and address of Agency where you will be or are employed.

Address Number and Street, Suite., etc.

| | | |
|-----------|----------|-------------|
| City/Town | Province | Postal Code |
|-----------|----------|-------------|

2. Are you currently licensed/registered for the sale of any other financial products or services. if yes, please provide details and jurisdiction(s):

Jurisdiction-Specific Ontario

1. I am familiar with the laws of Ontario relating to the licensing of insurance agents and promise to abide by these laws and regulations.
2. This application is not made for the express purpose of obtaining a licence to act as a life insurance agent in respect of any particular risk or risks, or merely to obtain an agent's commission for insurance on my own life or the lives of my family, employer or fellow employees.
3. I will hold myself out publicly and carry on business in good faith as an insurance agent only in the name in which I am licensed.
4. I am legally entitled to work in Canada.
5. As a licensed agent, I will not be in a position to offer inducement or use coercion or undue influence in order to control, direct or secure insurance business.
6. As a licensed agent, I will not be engaged in any business or occupation that would jeopardize my integrity, independence or competence.
7. If the residential and or business address on the application is not in Ontario, or the addresses are post office boxes in Ontario, I have provided below an Ontario address that is not a post office box and is suitable for service by registered mail.
8. If I am licensed as a Life Insurance Agent, I will complete at least 30 hours of continuing education during each two-year licensing period

Note: All Life Insurance agents are required to complete at least 30 hours of continuing education during each two year licensing period.

- The curriculum must be directly related to knowledge relevant to giving advice about financial products or services, or the operation of a financial services business. This includes programs that are structured for the specific purpose of education but excludes activities such as programs and meetings primarily based on sales production, promotion and motivation.
- The number of hours of acceptable continuing education must be attested to in writing by a program provider and is measured by the actual time spent in attendance at a program, or where a program is not provided in a face to face setting, the time designated by the program provider for completion of a program.

Address

Number and street, Suite, etc.

City/Town

Province

ONTARIO

Postal Code

I hereby state that the information provided is accurate and that all declarations made in this entire application are true and complete.

Signature of Applicant

Date (yyyy/mm/dd)

Jurisdiction-Specific QUEBEC

1. You must choose your representative's certificate according to the sector class in which you wish to pursue your activities as a representative. Check only the sector class in which you wish to pursue your activities.

Practice in the entire sector

- Insurance of persons
 Group insurance of persons

Practice in the sector class only

- Accident or health insurance
 Group insurance plans
 Group annuity plans

2. Choice of Ways to Carry on Business

The choice of your way to carry on business is a crucial stage. In fact, you must confirm to us how you intend to pursue your activities. To obtain from the AMF the validation of your right of practice, you must have a representative's certificate in addition to provide your way of carry on business. Please chose only one way, that is A, B or C.

a). Independent representatives

If you wish to pursue activities as an independent representative, you must complete the *Application for Registration - Independent Representative* available on our Web Site (www.lautorite.qc.ca) and attach it to your application for a certificate.

I wish to pursue my activities as an:

independent representative

Other name used in Quebec, if applicable

b). Representative affiliated with one or more firms

This declaration must be completed by the officer responsible for each firm for which you want to be affiliated. If you want to be affiliated with more than one firm, please attach a photocopy of this section to your application.

We are hereby attesting through this declaration that _____ will be
Name of the applicant

As an employee **OR** Without being an employee

affiliated with our firm for the pursuing of his activities in the following sector or sector class:

- Insurance of persons Accident or health insurance
 Group insurance of persons Group insurance plans
 Group annuity plans

Name of the officer responsible
or the authorized signatory

Name of the firm

Registration No.

Date: ____ / ____ / ____

c). Representative affiliated with an independent partnership

This declaration must be completed by the partner of the independent partnership with which he/she wants to be affiliated.

We are hereby attesting through this declaration that _____ will be

Name of the applicant

As an employee

OR

As an officer

affiliated with our firm for the pursuing of the following sector of sector class:

Insurance of persons

Accident or health insurance

Group insurance of persons

Group insurance plans

Group annuity plans

Name of the officer responsible
or the authorized signatory

Name of the firm

Registration No.

Signature of the officer responsible
or the authorized signatory

Date: ____ / ____ / ____
day month year

3. Has a curator advisor been assigned to you ?

4. Are you in default of paying any outstanding fines, costs and interest imposed by:

a) Any of the discipline committees of the following bodies:

Yes No

- the Conseil des assurances de personnes,
- the Association des courtiers d'assurances de la province de Québec,
- the Association des intermédiaires en assurance de personnes du Québec,
- the Conseil des assurance de dommages,
- the Chambre de la sécurité financière,
- the Chambre de l'assurance de dommages,
- the Association des courtiers et agents immobiliers du Québec;

Yes No

b) the discipline committee of a professional association or a professional order;

Yes No

c) the Commission des valeurs mobilières du Québec;

Yes No

d) the court of Québec sitting in appeal from a decision of any such committee.

5. Do you owe sums of money other than your annual contribution, to a compensation fund established under the Act respecting financial intermediaries of the Fonds d'indemnisation des services financiers? Yes No

6. Are you under a suspension imposed by the Conseil des assurances de personnes, the Conseil des assurances de dommages or by any of the discipline committees of the following bodies:

- the Conseil des assurances de personnes,
- the Association des courtiers d'assurances de la province de Québec,
- the Association des intermédiaires en assurance de personnes du Québec,
- the Conseil des assurance de dommages;

Yes No

b) Are you under an exclusion order of:

- any of the discipline committees of the following bodies:
 - the Conseil des assurances de personnes,
 - the Association des courtiers d'assurances de la province de Québec,
 - the Association des intermédiaires en assurance de personnes du Québec,
 - the Conseil des assurance de dommages;
 - the Association des courtiers et agents immobiliers du Québec;
- the Commission des valeurs mobilières du Québec

7. Are you in default of paying any fine related to the commission of an offence under any of the following acts:

- the Act respecting market intermediaries
- the Act respecting the distribution of financial products and services
- the Securities Act
- the Real Estate Brokerage Act

Yes No

I declare that the information contained in the application for a Certificate is true. I promise that I will inform the *Autorité des marchés financiers* of any change to the information in this application, within 10 days, of the date on which it occurs.

Signature Date: ____/____/____
day month year

Yes No

Declaration of the Training Supervisor for the obtaining of a Representative's Certificate

You must obligatorily enclose this Declaration with your application for a Representative's Certificate. Therefore, please have this section completed by your training supervisor.

- To obtain a Representative's Certificate in the entire insurance sector, please complete sections A and E
- To obtain a Representative's certificate in the accident or health insurance sector class please complete sections B and E
- To obtain a Representative's Certificate in the entire group insurance of persons sector, please complete section C, D and E
- To obtain a Representative's Certificate in one of the two group insurance sector classes only, namely Group Insurance Plans or Group Annuity Plans, please complete sections C, and E or D and E, according to the sector class chosen

A. Insurance of Persons Sector

Declaration of the Training Supervisor

I declare that _____ did and completed on a continuous basis, under my
Name of trainee

supervision, a training period in insurance of persons sector.

Training period in insurance of persons From: _____ To: _____
day/month/year day/month/year

Training period completed satisfactorily Yes No

Surname and given name of training supervisor Certificate No. Signature of training supervisor

B. Accident Health Insurance Sector

Declaration of the Training Supervisor

I declare that _____ did and completed on a continuous basis, under my
Name of trainee

supervision, a training period in Accident or health insurance

Training period in accident or health insurance.

From: _____ To: _____
day/month/year day/month/year

Training period completed satisfactorily Yes No

Surname and given name of training supervisor Certificate No. Signature of training supervisor

C. Group Insurance Plans

Declaration of the Training Supervisor

I declare that _____ did and completed on a continuous basis, under my
Name of trainee

supervision, a training period in Group Insurance Plans

Training period in Group Insurance Plans

From: _____ To: _____
day/month/year day/month/year

Training period completed satisfactorily Yes No

Surname and given name
of training supervisor

Certificate No.

Signature of training supervisor

D. Group Annuity Plans

Declaration of the Training Supervisor

I declare that _____ did and completed on a continuous basis, under my
Name of trainee

supervision, a training period in Group Annuity Plans

Training period in Group Annuity Plans

From: _____ To: _____
day/month/year day/month/year

Training period completed satisfactorily Yes No

Surname and given name
of training supervisor

Certificate No.

Signature of training supervisor

E. Signature of Commissioner of Oath

Sworn under oath before me

In _____ this _____ day of _____
Month Year

Signature of the Commissioner

No. of Commission

**Jurisdiction-Specific
SASKATCHEWAN**

1. AUTHORIZATION AND IF APPLICABLE, AGENCY, FIRM, OR SOLE-PROPRIETORSHIP YOU WILL REPRESENT

- (a) Full legal name: _____
- (i) Address: _____
 NUMBER STREET PROVINCE/STATE POSTAL/ZIP CODE
- (ii) Business telephone number: (_____)_____ - _____ (iii) Fax Number: (_____)_____ - _____

2. NON RESIDENT APPLICANTS

Please provide an address for service in Saskatchewan

| | | |
|--|----------|-------------|
| Address Number and Street, Suite., etc. | | |
| | | |
| | | |
| City/Town | Province | Postal Code |
| SASKATCHEWAN | | |